

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.



FOR OFFICE USE ONLY

Postmark Date: 01/14/05

Reg. 2005  
#9581  
\$110.00W8

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## Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Brown Scott D.  
Last First MI

2. BUSINESS PHONE (314) 822-2993  
Area Code and Phone Number

3. BUSINESS ADDRESS 1055 Watson Woods Drive St. Louis Missouri 63122  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

4. EMPLOYER MedImmune, Inc.

5. EMPLOYER'S ADDRESS 35 West Watkins Mills Road Gaithersburg, Maryland 20878  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name MedImmune, Inc.

Address 35 West Watkins Mills Road, Gaithersburg, Maryland 20878

Business or purpose Biotechnology and pharmaceutical manufacturing

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

ILLINOIS  
ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
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# LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

